

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:

Computer Readable Form (CRF)?:

Number of copies of CRF::

Title:: Phase Shifting Of Neurological Signals In A  
Medical Device System

Attorney Docket Number:: 11738.00138

Request for Early Publication?: NO

Request for Non-Publication?: NO

Suggested Drawing Figure::

Total Drawing Sheets:: 33

Small Entity?: NO

Latin name::

Variety denomination name::

Petition included?: NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?: NO

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Mark  
Middle Name:: G.  
Family Name:: Frei  
Name Suffix::  
City of Residence:: Lawrence  
State or Province of Residence:: Kansas  
Country of Residence:: USA  
Street of mailing address:: 2513 Via Linda Drive  
City of mailing address:: Lawrence  
State or Province of mailing address:: Kansas  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 66047

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Jonathan  
Middle Name:: C.  
Family Name:: Werder  
Name Suffix::  
City of Residence:: Corcoran  
State or Province of Residence:: Minnesota  
Country of Residence:: USA  
Street of mailing address:: 23160 Meadowview Drive  
City of mailing address:: Corcoran  
State or Province of mailing address:: Minnesota

Country of mailing address:: USA  
 Postal or Zip Code of mailing address:: 55374

Applicant Authority Type:: Inventor  
 Primary Citizenship Country:: USA  
 Status:: Full Capacity  
 Given Name:: David  
 Middle Name:: L.  
 Family Name:: Carlson  
 Name Suffix::

City of Residence:: Fridley  
 State or Province of Residence:: Minnesota  
 Country of Residence:: USA  
 Street of mailing address:: 141 46<sup>TH</sup> Avenue NE

City of mailing address:: Fridley  
 State or Province of mailing address:: Minnesota  
 Country of mailing address:: USA  
 Postal or Zip Code of mailing address:: 55421

### **Correspondence Information**

Correspondence Customer Number:: 22908

### **Representative Information**

Representative Customer Number:: 22908

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/503,985	09/19/03
This Application	Non-Provisional of	60/418,527	10/15/02

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### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

### Assignee Information

Assignee name:: Medtronic, Inc.  
 Street of mailing address:: 710 Medtronic Parkway NE  
 LC 340  
 City of mailing address:: Minneapolis  
 State or Province of mailing address:: Minnesota  
 Country of mailing address:: USA  
 Postal or Zip Code of mailing address:: 55432